

**STATE OF MICHIGAN
JUDICIAL DISTRICT
JUDICIAL CIRCUIT
COUNTY****MOTION AND ORDER FOR APPOINTMENT
OF FOREIGN LANGUAGE INTERPRETER****CASE NO.**

Court address

Court telephone no.

Plaintiff name(s) <input type="checkbox"/> moving party
Plaintiff's attorney, bar no., address, and telephone no.

v

Defendant name(s) <input type="checkbox"/> moving party
Defendant's attorney, bar no., address, and telephone no.

MOTION

1. I state that I am unable to speak English sufficiently to understand and participate in the proceedings in this case.
2. ☐ I am represented by an attorney. ☐ I am not represented by an attorney.
3. I request the court to appoint a foreign language interpreter to interpret for me.
4. I request an interpreter who speaks the _____ language.
5. If required, place my request on the motion calendar.

Date

Signature

To be completed only if the court
requires a hearing on the motion**NOTICE OF HEARING**

You are notified that a hearing has been scheduled on this matter for:

Judge	Bar no.	Date	Time
Hearing location <input type="checkbox"/> Court address above <input type="checkbox"/>			

If you require special accommodations to use the court because of disabilities, please contact the court immediately to make arrangements.

Date

Signature

CERTIFICATE OF MAILING

I certify that on this date I mailed a copy of this motion and notice of hearing (if applicable) to the other party at the last known address.

Date

Signature

ORDER**IT IS ORDERED** the above motion is ☐ granted. ☐ denied.

Date

Judge